

Managing General Agent Appointment/Cancellation

The following is an appointment/cancellation of a Managing General Agent (MGA), done pursuant to Section 500.1411(e) of the Michigan Insurance Code. I, the appointing/cancelling authority for the insurance company appointing or cancelling this agent, am familiar with all the requirements of the Managing General Agency Act (Chapter 14 of the Michigan Insurance Code) and will assure that the Company and its Managing General Agent will comply with its provisions.

**THIS FORM IS TO BE COMPLETED BY THE APPOINTING OR CANCELLING INSURANCE COMPANY ONLY.
YOU MAY APPOINT A MANAGING GENERAL AGENT WITHOUT APPOINTING A MANAGING GENERAL AGENCY.**

NAME OF MANAGING GENERAL AGENT (last name, first name) _____ MAILING ADDRESS _____ _____	<input type="checkbox"/> APPOINTMENT <input type="checkbox"/> CANCELLATION
MANAGING GENERAL AGENT'S SOCIAL SECURITY NUMBER _____ _____	EFFECTIVE DATE _____ _____
QUALIFICATION <input type="checkbox"/> LIFE <input type="checkbox"/> ACCIDENT AND HEALTH <input type="checkbox"/> MULTIPLE LINES (Property and Casualty)	<input type="checkbox"/> RESIDENT <input type="checkbox"/> NONRESIDENT
STATEMENT OF DUTIES THE MANAGING GENERAL AGENT IS EXPECTED TO PERFORM ON BEHALF OF THE INSURER: _____ _____ _____ _____ _____ _____	

PLEASE PRINT	
INSURANCE COMPANY DATA	APPOINTING /CANCELLING AUTHORITY
Name and Complete Address, City, State, ZIP <div style="border: 1px solid black; padding: 5px; margin-top: 20px; text-align: center;"> ENTER THE APPOINTING INSURANCE COMPANY'S NAIC # <div style="display: flex; justify-content: center; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </div>	<div style="text-align: center; margin-top: 20px;"> </div> Signature _____ Name and Title (<i>Please Print</i>) _____ Date Signed _____ Phone Number _____

When complete, please send to

OFIS Licensing
PO Box 23127
Lansing, MI 48909-3127

OR

overnight to
Promissor/OFIS
6920 South Cedar, Suite 6
Lansing, MI 48911-6924

Our web site address is
<http://michigan.gov/ofis>

Our toll free phone number is
1-877-999-6442

